

INTERNAL ASSESSMENT PLAN

Assessment Type

- | | |
|---|---|
| <input type="checkbox"/> QA Assessment
<input type="checkbox"/> Line Management Self-assessment
<input type="checkbox"/> Management System Assessment | <input type="checkbox"/> Tripartite Assessment
<input type="checkbox"/> Triennial Assessment
<input type="checkbox"/> FESHCom Assessment
<input type="checkbox"/> Other: |
|---|---|
-

Title of Assessment

Area to be assessed

Purpose (Why is this assessment occurring?)

Objective(s)

Scope

Criteria

Timeline (Scheduled start date and tentative end date)

Assessment Team

Participant's Name	Role ¹ (L, A, M, O)	Fermi ID#	Qualified? ²

¹ Role on assessment team: L=Lead A=Assessor M= Mentor O=Observer

² Confirm that all participants have met the qualifications for their role. (ref. QAM 12080 Appendix A)

Assessment Activity Schedule

Date	Time	Location	Assessment Topic	Interviewee

Lines of Inquiry (when applicable):

Distribution

Assessment Team